



Landmark Title of Racine

Ph: 262-632-6262 Fax: 262-632-6243 E-mail: orders@LMT123.com

Sale of Real Estate Order Form

Ordered by: _____ Company: _____

Address: _____

Phone: _____ Fax: _____ E-mail: _____

Date ordered: _____ Sales price _____

Owners (Seller) Names: _____

Property Address: _____ Does the property have city water ___ or well ___

Buyers Names: _____

Buyers Lender: _____ Contact Person: _____

Address of lender: _____ Phone: _____

_____ Fax: _____

_____ E-mail: _____

Do you have a prior title? ___no yes___ if yes fax to 262-632-6243

GAP Endorsement? no yes__

Need by Date: _____

Copies to: (ex. selling agent, or atty, etc.) *(You and the lender will automatically get a copy)*

Do you want Landmark Title to provide Closing Statements, Deed, and Transfer Return? ___no (we should have everything we need)

___ yes (call us at 632-6262 we will need additional information)

Additional information or requests: